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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office  
Examiner: Karen B. Addison  
Art Unit: 2834

DATE: January 4, 2006FROM: Lawrence J. McClure

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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**MESSAGE:**

U.S. Patent Application Serial No.: 10/810,728; Our Ref. 81872.0060

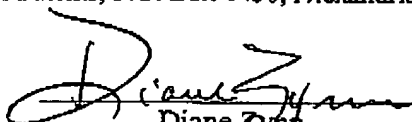
I hereby certify that the following documents:

**- Amendment/Amendment Transmittal Letter**

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 4, 2006

Date of Deposit

  
Diane Zyno

TELECOPY/FAX NUMBER: (571) 273-8300 (Art Unit 2834)CLIENT NUMBER: 81872.0060ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (please return fax to Diane Zyno)

FORM PTO-1083

Attorney Docket No. 81872.0060  
Patent Application No. 10/810,728

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Motoki ITO et al.

Serial No: 10/810,728

Confirmation No.: 9671

Filed: March 26, 2004

For: SURFACE ACOUSTIC WAVE APPARATUS AND  
COMMUNICATIONS DEVICE

Art Unit: 2834

Examiner: Karen B. Addison

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January 4, 2006

Date of Deposit

Diane Zynn

Name

Signature

01/04/06  
DateMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$0
Independent Claims 1 and 10						TOTAL \$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$\_\_\_ for the additional claim-fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the fee of \$\_\_\_ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: January 4, 2006

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Appl. No. 10/810,728  
Amdt. Dated January 4, 2006  
Reply to Office Action of October 5, 2005

Attorney Docket No. 81872.0060  
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
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For: SURFACE ACOUSTIC WAVE  
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Name

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**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 5, 2005, please amend the  
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on  
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.